MISSOURI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER: M63-023143

DO NOT WRITE ON THIS STUB — AMENDED

VS 300 Rev. 4/59

Registration District No. 27 — Primary Registration District No. 3005 — Registrar's No. 120

FILED JUN 17 1963

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AMENDMENTS ON THIS RECORD ARE AS FOLLOWS — DATE AMENDED — ITEM NO. — SHOULD READ — INSTEAD OF — BY AFFIDAVIT OF — DOCUMENT

USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH
a. COUNTY: Bates
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Butler
Length of stay in 1b: 4 Years
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: Bates Co. Mem. Hosp.
Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri — b. COUNTY: Bates
c. CITY OR TOWN: Butler — Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): 408 S. Broadway — Reside on Farm: Yes ☐ No ☐

3. NAME OF DECEASED (Type or print): First: John — Middle: Franz — Last: Norton

4. DATE OF DEATH: Month, Day, Year: June 8 1963

5. SEX: Male
6. COLOR OR RACE: White
7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐
8. DATE OF BIRTH: 2-7-76
9. AGE (last birthday): 87 — IF UNDER 1 YEAR: Months 4, Days 1 — IF UNDER 24 HR: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Ret. Farmer
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (City and state or country): Wayne Co. Iowa
12. CITIZEN OF WHAT COUNTRY: U.S.A.
13a. FATHER'S NAME: Leander Norton
13b. MOTHER'S MAIDEN NAME: Sarah Berry
14. NAME OF HUSBAND OR WIFE: Ida Ellen Norton, Dec.
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.:
17. INFORMANT — Address: Mrs. Audrey Adams, Freeman, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Generalized Broncho-pneumonia — INTERVAL BETWEEN ONSET AND DEATH: 10 Days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Cerebral Vascular Accident — 10 Days
DUE TO (c):
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Fracture Right Hip
PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒
20a. ACCIDENT ☒ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.): Fell at home & Stroke
20c. TIME OF INJURY: Hour 9 a.m. p.m. — Month, Day, Year: 5-30-63
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
20e. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.): Home Daughter
20f. CITY, TOWN, OR LOCATION: Richie — COUNTY: Cass — STATE: Mo
21. I attended the deceased from 5-30-63, to June 9, 1963 and last saw her/him alive on June 8 1963
Death occurred at 6:00 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Carter N. Lusby M.D.
22b. ADDRESS: Butler Mo
22c. DATE SIGNED: 6/10/63
23a. BURIAL, CREMATION, REMOVAL (Specify): Removal
23b. DATE: 6-10-63
23c. NAME OF CEMETERY OR CREMATORY: Strasburg Cemetery
23d. LOCATION (City, town, or county) (State): Strasburg, Mo
24. FUNERAL DIRECTOR — ADDRESS: Six Funeral Service, Adrian, Mo.
25. DATE RECD. BY LOCAL REG.: 6-10-63
26. REGISTRAR'S SIGNATURE: Norma Jean Wilson

(Licensed Embalmer's Statement on Reverse Side)

JUL 23 1963

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____, Student Embalmer No._____ working under my personal supervision.

Student_____ Signed Leland Whaley

Signature of Student Embalmer

Licensed Embalmer No. 3650

P. O. Address Adrian, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.

Permit issued 6-10-63 MW